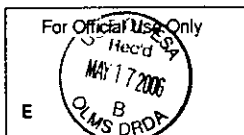


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



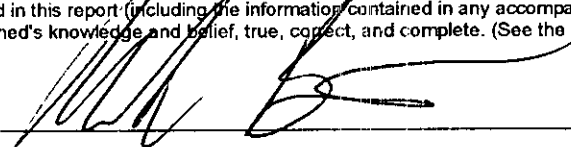
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 2362	2. Fiscal Year Covered From: 1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing. Name Mack M Bennett P.O. Box, Bldg., Room No., if any Street 615 Sandstone City Granbury State Texas ZIP Code + 4 76048	4. Name, file number, and address of labor organization. Name Int'l Union of Operating Engineers Local 178 Labor Organization File Number 531-816 P.O. Box, Building and Room Number, if any Street 4025 Rufe Snow Drive City Fort Worth State Texas ZIP Code + 4 76180
5. Position in labor organization. Business Manager	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed 	On 05/11/2006	817-284-1191
	Date	Telephone Number

Name of Person Filing Mack Bennett	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name IUOE & Pipe Line Employers Health & Welfare</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1125 17th Street, NW</p> <p>City Washington</p> <p>State District of Columbia ZIP Code + 4 20036</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name IUOE & Pipe Line Employers Health & Welfare</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1125 17th Street, NW</p> <p>City Washington</p> <p>State District of Columbia ZIP Code + 4 20036</p>	<p>11.a. Nature of such dealing.</p> <p>attend trustees meetings</p>
	<p>11.b. Approximate dollar value of such dealing. \$1,302</p>
	<p>12.a. Nature of interest held or income received.</p> <p>reimbursement of expenses for attending trustee meetings.</p>
	<p>12.b. Amount. \$1,302</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name United Healthcare</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 9900 Bren Road E</p> <p>City Minnetonka</p> <p>State Minnesota ZIP Code + 4 55343</p>	<p>14.a. Nature of payment.</p> <p>door prize of a treadmill (PF930I)</p>
<p>13.b. Is the Business an Employer or Consultant <input checked="" type="checkbox"/> ?</p>	<p>14.b. Amount of payment. \$850</p>